E	_	PART B - FEE(S) TR	RANSMITTAL		
omplete and send the	nis form, together wit	h applicable fee(s), to: <u>Mail</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg	or Patents	
(D ~ (D)		or <u>Fax</u>	(571) 273-2885		
NSTRUCTIONS This for peropriate. All faither corn the peropriate of the period of the	m should be used for trans- respondence including the F clow or directed otherwise	smitting the ISSUE FEE and PUB Patent, advance orders and notificat in Block I, by (a) specifying a new	LICATION FEE (if required ion of maintenance fees was correspondence address;	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep-	correspondence address as arate "FEE ADDRESS" for
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IP Department (Alexza MDC) 1001 East Meadow Circle Palo Alto, CA 94303			Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the U States Postal Service with sufficient postage for first class mail in an envi addressed to the Mail Stop ISSUE FEE address above, or being facs transmitted to the USPTO (571) 273-2885, on the date indicated below.		smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
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XX Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5117 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature Katherine Lobel-Rice 58,079 Typed or printed name Registration No.

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